Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

	PATENT	APPLICATI Effe	0/4208,142										
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	EA	ΠΤΥ □	OF		R THAN ENTITY
TOTAL CLAIMS			1 2	25				RATE		FEE	7	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FEE		370.00	OF	BASIC FE	740.00
Ľ	OTAL CHARGE	25 11	25 minus 20=		. 5		X\$ 9=			OR	X\$18=	90	
INDEPENDENT CLAIMS			4	4 minus 3 =		1		X42⇒			OR	X84=	84
L	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT				+140=			1		1
١٠,	* If the difference in column 1 is less than zero, enter *0* in column 2							TOTAL	4	<u> </u>	OR		914
	CLAIMS AS AMENDED - PART II										٠.٠		R THAN
ļ_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								L E	YTITM	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş Q Z	Total	. 25	Minus	• 6	25	=		X\$ 9=			OR	X\$18=	
AME	Independent	4	Minus	***	4	-		X42=	1	7	OR	X84=	1
Ľ	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIM			+140=	T	_/_	OR	+280=	1
		Ĺ	TOTA	+			TOTAL	├					
		(Column 1)		(Colum	າກ 2)	(Column 3)	A	LODIT, FE	EL	<u> </u>	1011	addit. Fee	L
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST SER USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE /		RATE	ADDI- TIONAL FEE
Š	Total	. 25	Minus	2:	5	=		X\$ 9=	T	7	OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	PENDENT	CLAIM	-		X42=	Ī		OR	X84=	
<b>-</b>								+140=			OR	+280=	
											OR	TOTAL ODIT. FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	π	DDI- ONAL FEE	ſ	RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	••		=	Γ	X\$ 9=			OR	X\$18=	
AME.	Independent	•	Minus	***		=		X42=	┢		<u>.</u>	λ84=	-,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	$\vdash$		OR		
• #	* If the entry in cotumn 1 is less than the entry in column 2, write "0" is cotumn 3.										OR	+280=	
(	If the "Highest Number Previously Paid For" IN THIS SPACE 's lass than 20, enter '20."										OR A	TOTAL DDIT. FEE	
		ber Previously Paid					found	in the app	prop	riate box	in colu	ma 1.	

FORM PTO-873 (Rev. 4/01)